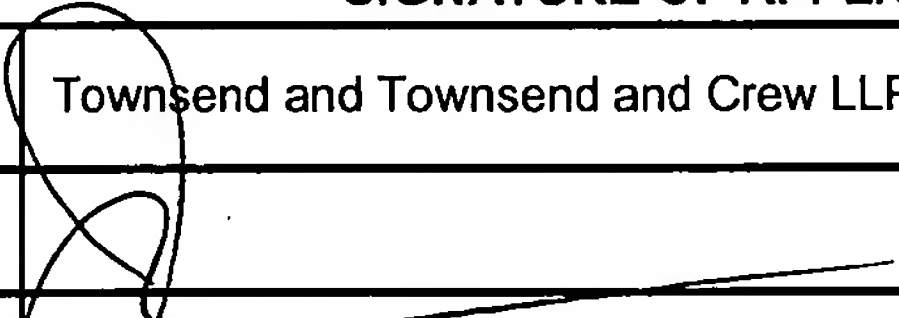
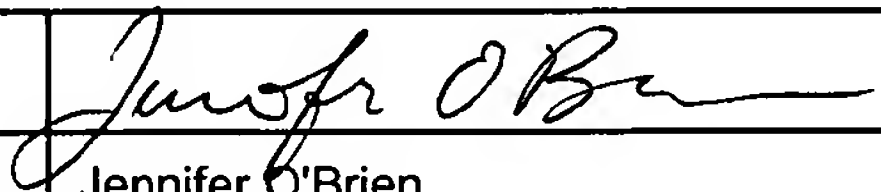


<b>PTO TRANSMITTAL FORM</b> (to be used for correspondence after initial filing) MAY 20 2005 PATENT & TRADEMARK OFFICE	Application Number	10/824,936
	Filing Date	April 14, 2004
	First Named Inventor	SAADAT, VAHID
	Art Unit	3731
	Examiner Name	Unassigned
	Attorney Docket Number	021496-000700US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/08A & PTO/SB/08B 2 Reference Copies
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

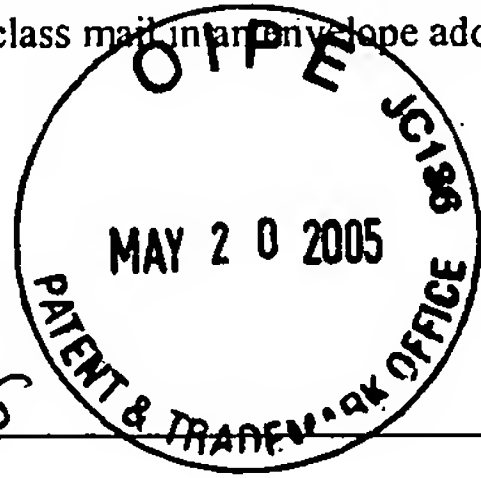
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	May 17, 2005	Reg. No.	29,541

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Jennifer O'Brien	Date	May 18, 2005

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Attorney Docket No.: 021496-000700US

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Alexandria, VA 22313-1450




On

5/18/05

TOWNSEND and TOWNSEND and CREW LLP

By:

  
Jennifer O'Brien

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

VAHID SAADAT et al.

Application No.: 10/824,936

Filed: April 14, 2004

For: METHODS AND APPARATUS  
FOR OBTAINING ENDOLUMINAL  
ACCESS

Examiner: Unassigned

Art Unit: 3731

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

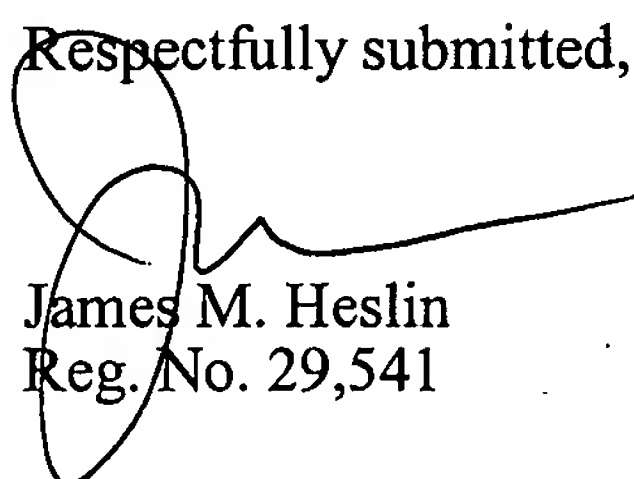
Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [excluding cited U.S. Patents, U.S. Patent Application publications, and appropriate IFW-stored, pending U.S. Patent Applications and portions thereof, per 1287 OG 163] are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



James M. Heslin  
Reg. No. 29,541

TOWNSEND and TOWNSEND and CREW LLP  
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JMH:tfw  
60494094 v1



<b>Substitute for form 1449A&amp;B PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/824,936
				Filing Date	April 14, 2004
				First Named Inventor	SAADAT, VAHID
				Art Unit	3731
				Examiner Name	Unassigned
Sheet	1	of	1	Attorney Docket Number	021496-000700US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			
	1	5,954,731	09-21-1999	Yoon	
	2	6,017,358	01-25-2000	Yoon et al.	
	3	6,086,601	07-11-2000	Yoon	
	4	6,811,532 B2	11-02-2004	Ogura et al.	
	5	6,837,849 B2	01-04-2005	Ogura et al.	
	6	2005/0020901 A1	01-27-2005	Belson et al.	
	7	2005/0043758 A1	02-24-2005	Golden et al.	
	8	2005/0049617 A1	03-03-2005	Chatlynne et al.	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
	9	WO	03/092509	A1	11-13-2003	Scimed Life Systems, Inc.		<input type="checkbox"/>
	10	WO	2004/019788	A2	03-11-2004	Scimed Life Systems, Inc.		<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.